

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 481 STATE FILE NUMBER

VS 300
Rev. 4/59

1 7005

2 3528

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7 1

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9 450.1

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12 86-0

13 1-0

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN INDEPENDENCE		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b LIFE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SKY VIEW MANOR		d. STREET ADDRESS 3140 FORREST	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SARAH ANN DEARBORN		4. DATE OF DEATH Month AUGUST Day 23 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1874
9. AGE (last birthday) 89		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11. BIRTHPLACE (City and state or country) FORT DODGE, IOWA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME OLE BEAN		13b. MOTHER'S MAIDEN NAME ANNA JOHNSON	
14. NAME OF HUSBAND OR WIFE C. C. DEARBORN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT RUBY WILLIAMSON 3940 SOUTH CRYSLER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic gangrene of leg</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerosis & diabetes</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 weeks <i>yes</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Amputation above knee Rt 8/9/63</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/9/63 to 8/23/63 and last saw her alive on 8/26/63		Death occurred at 7 P M on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deedee or title) <i>Vance E. Lint, MD</i>		22b. ADDRESS 10901 Summer Rd Independence, Mo	
22c. DATE SIGNED 8/28/63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 8-26-1963		23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	
23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI		24. FUNERAL DIRECTOR ROLAND R. SPEAKS ADDRESS INDEPENDENCE, MO.	
25. DATE RECD. BY LOCAL REG. 8-26-63		26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Don R. Lindsey

Licensed Embalmer No. 5598

P. O. Address 2147 W. 1st St.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

8-26-63